



PATENT

IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

APPLICANTS: Sig G. Kupka  
APPLICATION NO.: 10/629,052  
FILING DATE: July 28, 2003  
TITLE: Common On-Screen Zone for Menu Activation and Stroke Input  
EXAMINER: Not yet known  
GROUP ART UNIT: 2122  
ATTY. DKT. NO.: 23412-08081

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: JUL 8/05

By: [Signature]  
Amir H. Raubvogel, Reg. No.: 37,070

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
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STATUS REQUEST

SIR:

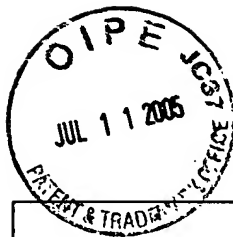
Our file for the subject application reveals that there has been no action on this application since the filing of a Letter to Chief Draftsperson October 15, 2004.

Please inform the undersigned, at the below stated address, of the status of this application.

Respectfully submitted,  
Sig G. Kupka

Dated: JUL 8/05

By: [Signature]  
Amir H. Raubvogel, Reg. No.: 37,070  
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TFW+

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/629,052
		Filing Date	July 28, 2003
		First Named Inventor	Sig G. Kupka
		Group Art Unit Number	2122
		Examiner Name	Not yet known
Total Number of Pages in This Submission	2	Attorney Docket Number	23412-08081

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [ ] Page(s) <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): Sheet(s) of Figure(s) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Amir H. Raubvogel, Reg. No.: 37,070	Dated:	JUL 8/05

CERTIFICATE OF MAILING			
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Signature:			
Typed or Printed Name:	Amir H. Raubvogel	Dated:	JUL 8/05
Express Mail Mailing Number (optional):			